

USDA
Smart Benefits Application



Smart Benefits is an “electronic” way to receive your Metrochek transit benefits. Your Metrochek benefits are electronically added each month to your METRO registered SmartTrip card. The SmartTrip card is a permanent plastic farecard that you register with METRO at the time of purchase with your name, address and password.

Rules of Participation

1. Federal employees who receive the Metrochek transit benefits, Must ride either **METRORAIL or a participating VANPOOL** to qualify for **Smart Benefits**
2. Federal employees who exchange some or all of their Metrocheks for weekly and monthly Metrorail and Metrobus passes (or the passes and the fares of other types of public transportation) **cannot** participate in SmartBenefits at this time. The SmartTrip card can be used for **Metrorail travel only** (and parking at Metro operated parking lots).
3. All Federal employees who participate in the SmartBenefits Program must authorize DOT to verify the accuracy of the name assigned to their SmartTrip Card.
4. SmartBenefits are available to recipients on a monthly basis. They may be picked up at any time during the month by adding the benefit to your SmartTrip card at METRO Passes/Fare cards machines. Existing balances will remain on your card. However, benefits for a given month may not be claimed once the month has passed.
5. Vanpool benefits will be directly deposited into your specific vanpool operator’s account monthly following the participant’s one time on-line designated authorization at WMATA.com after this application is processed.
6. You may not claim a previous or future month’s benefits.
7. Funds may not be removed from your SmartTrip card once you have added them to your account.
8. Federal employees must have a **METRO REGISTERED** SmartTrip card and provide the serial number of the card. If you have not registered your card or are unsure that it is registered, you must do so by calling METRO at (202) 962-5719.
9. You must attach a **legible** photocopy of the **back** of your SmartTrip card to this application

If you don’t currently have a SmartTrip card, you can purchase one via mail, online, or at Metro’s sales offices and area transit stores. **Be sure to register it at time of purchase.** You may visit Metro’s web site for more information: www.WMATA.com (click on SmartTrip Link).

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To be eligible to participate in the SmartBenefits program, the form below must be filled in **completely** and **legibly** and returned to your **Transit Coordinator**. Please be sure to provide your SmarTrip card's serial number (on the back of the card, lower right-hand corner).

Please answer the following questions

- Do you use **all** of the Metrochek cards you receive as Metrorail farecards only? **YES NO**
- **Are you a VANPOOL participant?** **YES NO**
- Is your SmarTrip card registered with METRO? **YES NO**
- Do you authorize DOT to verify the registration information on your SmarTrip Card is accurate? **YES NO**

Please print the requested information, and return this form directly to the Transit Benefit Office **no later than the 15th of the month prior to the 1st day of the month in which you will begin the program.**

New Application: _____ Van Pool Operator/Company _____
Change Current Information: _____
Withdraw From Smart Benefits: _____ Van Pool registration number with WMATA _____

First Name: _____ **Last Name:** _____

Last Four SSN: _____ **Work Phone:** _____

SmarTrip Card Serial No.: _____ (must be registered in your name)

Work E-Mail Address: _____ (required for processing)

Applicant Signature: _____

Monthly Transit Cost NOT including parking: \$ _____

This must match your personal Transit Benefit authorized subsidy amount. (If amount unknown contact your agency Transit Coordinator)

Please attach a copy of the back of your SmarTrip card with the serial number showing clearly with this application.

To be filled out by
Agency Transit Coordinator

Authorizing Signature _____ **Admin Code** _____

Authorized Starting Month _____ **Authorized Smart Benefit Subsidy Amount** _____

PRIVACY ACT STATEMENT: This information is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for a public transit fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved. This information will be matched with lists at other Federal agencies of Government-assigned parking to ensure consistency with mode of transportation checked.

Date Received: _____

For DOT Personnel Only

Smart Benefit Authorizing Signature: _____

Activation Date: _____